



DENTAL BOARD OF CALIFORNIA
 1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
 TELEPHONE: (916) 263-2300 FAX: (916) 263-2140
www.dbc.ca.gov



Declaration and Request for Replacement License

Title 16 California Code of Regulations §§ 1012, 1021

Non-Refundable Fees

Request for Replacement of

☐ Pocket license \$50

☐ Wall Certificate \$50

If not returning original wall certificate, attach proof of Live Scan fingerprint **or** submit completed fingerprint cards and an additional \$56 for processing of fingerprint cards.

Reason for Request

☐ Lost

☐ Stolen

☐ Destroyed

☐ Original not received

☐ Other _____

Full Name (first, middle, last) _____

Full Address _____

License number _____ Date original license was issued (month, day, year) _____

Name license was issued under (if different from above) _____

Social Security Number _____ Telephone Number _____

State circumstances for request: _____

I hereby certify under penalty of perjury under the laws of the State of California that the statements and information set forth above are correct; that I will immediately return the license or certificate to the Dental Board of California should said license or certificate be found, or I will report its location should it become known to me.

Signature _____

Date _____

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825, Executive Officer Cynthia Gatlin, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L. 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination Board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.